

Instructions for Completing the Office of Substance Abuse Waiting List Report Form

The revised Waiting List Report Form is comprised of one page. Please copy as needed.

Waiting List forms must be completed for each agency location and for inpatient vs. outpatient vs. IOP. For example, Agency A has a Residential Rehabilitation Center in Brunswick as well as outpatient services in an attached building and it also has outpatient and IOP services in Bath. Four waiting list forms must be submitted: one for the res rehab in Brunswick, one for the outpatient services in Brunswick, one for the outpatient services in Bath, and one for the IOP services in Bath.

It is important that a Waiting List Report Form (WLRF) be sent in to Office of Substance Abuse each month even if the agency didn't have any waiting list clients. The WLRF is due by the 15th of the month following the reporting period (ex. The July form is due by August 15th).

If the agency doesn't have any waiting list clients, please fill out the top portion of the WLRF and then write "NONE" in the first blank line under "Priority Population Code".

Do not put any clients on the WLRF who did NOT have to wait to enter treatment.

Clients who should be reported on the WLRF should have been screened and/or assessed and found to be appropriate for treatment at the reporting agency and then put on a waiting list until an opening was available.

Be sure to include clients who have waited only a portion of the month to enter treatment.

Clients must call in once a month to remain on the waiting list. If they don't, they should be removed and a check mark should be placed in the Date of Agency Follow-Up to indicate that they haven't called in.

Agencies may recreate the form electronically if they would like, as long as it contains the same fields in the same order. The form is available electronically in MS Excel for any agency that has compatible software and is interested. It is available on the OSA website at <http://www.state.me.us/bds/osa/forms/index.htm> in either *MS Excel* or PDF.

Agency Name

Name of the agency reporting the waiting list information.

Location

City/town of the reporting agency.

Contact Person and Phone #

Name and telephone number of the person completing the WLRF.

Reporting Month and Year

The month and year for which the WLRF is being completed.

Residential No. of Beds

How many residential beds does the reporting agency have? ***You must complete this field if your agency serves clients in a residential service.***

Residential No. of Beds Filled

How many of the beds were filled when the form was completed? ***You must complete this field if your agency serves clients in a residential service.***

Non-Residential Client Capacity

What is the agency's client capacity for its non-residential settings? How many clients can an agency accommodate? For example, Agency A has 5 full-time counselors and each can carry an active caseload of 25. Then Agency A's client capacity would be 125 clients. ***You must complete this field if your agency serves non-intensive outpatient or intensive outpatient clients.***

Non-Residential End of the Month Client Census

At the end of the month, what is the client census for the non-residential service? Does the agency have any openings for new clients? For example, Agency A has a client capacity of 125 client, at the end of the month with clients coming and going, the actual client census is 123 (two clients have left and two new have not been assigned yet). ***You must complete this field if your agency serves non-intensive outpatient or intensive outpatient clients.***

Priority Population Code – Every Client Must Have One

The code used to designate the priority needs of a client based upon Block Grant requirements. Please see the codes in the lower left hand corner of the WLRF.

TDS Client ID

Use the TDS Client ID to identify the client. The TDS Client ID is the Date of Birth and the last 4 Social Security numbers. Ex. 121419613258. 9999 may be used for the last 4 SSN but only as a last resort.

Initial Contact Date

Date client was assessed and decided whether or not they were appropriate for treatment at the reporting agency.

Date and Agency Referred for Prenatal Care

Date and name of the agency that client was referred to for prenatal care.

Date and Agency Referred for HIV Testing

Date and name of the agency that client was referred to for HIV counseling and testing.

Date and Agency Entered Substance Abuse Treatment

Date and name of the agency client entered substance abuse treatment.

Date of Agency Follow-up Comments, Disposition*

Date of reporting agency follow-up comments and disposition of client. *A check mark and the date should be placed in this box if a client doesn't call in to remain on the waiting list.*

If you have any questions on how to properly complete the WLRF, please contact Stacey Moody at 287-6337 or email her at Stacey.Moody@maine.gov.

Once the WLRF has been completed, please fax it or email it to Mary Beaudoin at (207) 287-4334 or Mary.Beaudoine@maine.gov.